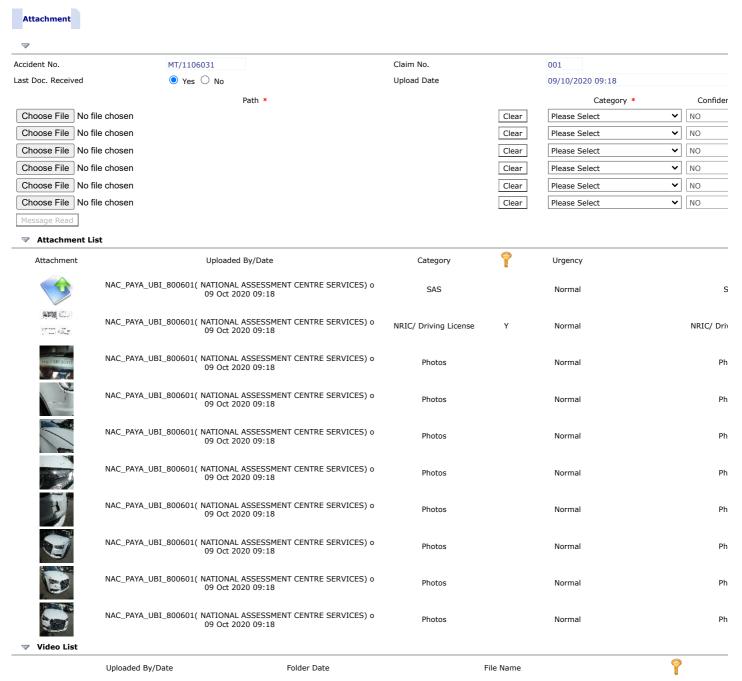
Claim Handling

Accident MT/1106031

Policy No.	5119224855	Vehicle No.	SKR1369E		GST Registration
Certificate No.	311322 1033		SKKISOSE		
Policyholder Name	ZYH CONSTRUCTION PTE LTD				Policyholder NI
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC		Loading
Contact No.(Mobile)	83157649	Contact No.(Office)	4.170 02.0010		Contact No.(He
Email Address	05157015	Special Remark			eCode
KFK	No Yes	TCA	No Yes		eCode Reason
NCD Protection	No	NCD Entitlement(%)	0		Private Hire
Accident Details	NO	Nes Endiement (70)	U		Tilvace Tille
	00/10/2020 00:12	Assident Beneut Within 24 hrs	Yes		Assident Type
Report Date	09/10/2020 09:13	Accident Report Within 24 hrs			Accident Type
Date of Accident	06/10/2020	Time of Accident hh:mm	18:45		Country of Acc
Reporting Centre		Orange Force			ICM No.
Accident Location	PIE B4 UPP SERANGOON EXIT				
▼ Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess		100.00	
OD Standard Evenes	600.00	TP Standard Excess		0.00	
OD Standard Excess	600.00			0.00	Driver is Cover
YIED OD Excess	2500.00	YIED TP Excess		0.00	Driver is Cover
Additional Excess	0	Total TD Faces Assiltable		0.00	
Total OD Excess Applicable	3100.00	Total TP Excess Applicable		0.00	
▼ Benefits					
▽ GST Registered Informat					
GST Registered	Yes		GST Registratio GST Status Ver		19/0
GST Registration No. Modification History	201226480E 09/10/2020 09:16:40 St 09/10/2020 09:16:40 St	stem changed GST Registered from No to stem changed GST Registration No. from	o Yes	med	Yes
▼ Policyholder Mailing Add	09/10/2020 09:16:40 Sy	stem changed GST Registration Date from			
Address 1	273 MACPHERSON ROAD	Address 2	##01-01 SENNETT EST	ATE	Address 3
Address 4		Address Type	Singapore address		Post Code
Unit No.	#01-01	Related Policy Number	5119224855		
▼ OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	CHEN HUA	Driver NRIC	G7271604W		Driver DOB
Register Date of Driver License	03/09/2020	Driver Age	48		Driving Experie
Contact No.(Mobile)	82041698	Contact No.(Office)			Contact No.(Ho
Address 1	47 # LORONG 24A GEYLANG	Address 2	SINGAPORE 398571		Address 3
Address 4		Address Type	Singapore address		Post Code
Unit No.					
Does he own a Singapore	O Voc. O No.	Driver Vehicle No.			Driver Insurer
Registered car?	Yes No	Driver vehicle No.			Driver Insurer
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No		
Modification History					
Claim 001 New					
Children and					Insured 7
Claim Type *			0	D-MX	Name ZY
Contact No.(Mobile)			83	3157649	Contact No.
Carall Address					(Home) OI
Email Address					Vehicle SK Number
Claim Description	ion			KR1369E / SJH4281T	ON 6 Oct 2020
Preferred Workshop	Insured Liability Fully at	Fault 🗸			
हिन्नसंद No. Finalisation	Repair Preferred Worksho	GIA	ed 🗸		Claire
Date Registered	Option		09	9/10/2020 09:18	Claim Close
Penort Taken By				IEW CHAN LIT	Date
Report Taken By			LI	IEW SHAN HUI	
Print AK letter					

Save Submit



Display in New Window Scan and uploading